2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# S90919

Entity Name: SLONE'S DISTRIBUTORS, INC.

Current Principal Place of Business:

730 N HWY. 17-92
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

730 N HWY. 17-92
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3091572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, MARK O.
200 E ROBINSON ST.
S-865
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SLONE BROTHERS FURNITURE
730 N. HWY. 17-92
LONGWOOD, FL 32750 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL L. SLONE 01/09/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SLONE, LOUIS,
Address: 730 N HWY. 17-92
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete
Name: SLONE, MICHAEL,
Address: 730 N HWY. 17-92
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SLONE, LOUIS,
Address: 730 N HWY. 17-92
City-St-Zip: LONGWOOD, FL 32750 US

Title: D (X) Change ( ) Addition
Name: SLONE, MICHAEL,
Address: 730 N HWY. 17-92
City-St-Zip: LONGWOOD, FL 32750 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L SLONE VP 01/09/2007
Electronic Signature of Signing Officer or Director Date